



**SALISBURY COMMUNITY APPEARANCE COMMISSION
2014-2015 MUNICIPAL SERVICE DISTRICT INCENTIVE GRANT PROGRAM**

PROPERTY ADDRESS

CURRENT USE

APPLICANT

_____ OWNER _____ TENANT

APPLICANT ADDRESS

OWNER NAME (IF OTHER THAN APPLICANT)

ADDRESS

CONTACT PHONE NUMBER

EMAIL

DESCRIPTION OF PROJECT

TOTAL ESTIMATED COSTS (PLEASE ATTACH ESTIMATES)

\$

I UNDERSTAND THAT IF THE PROJECT REQUIRES AN ARCHITECTURAL DESIGN CONSULTANT PAID BY THE CITY MY SHARE (50%) OF THOSE COSTS WILL BE DEDUCTED FROM THE FINAL GRANT AMOUNT.

☐ I HAVE ATTACHED PROJECT PLANS AND SPECIFICATIONS OR OTHER APPROPRIATE DESIGN DOCUMENTATION.

☐ I UNDERSTAND THAT THE INCENTIVE GRANT MUST BE USED FOR THE PROJECT DESCRIBED IN THIS APPLICATION.

☐ I HAVE RECEIVED A CERTIFICATE OF APPROPRIATENESS OR MINOR WORKS PERMIT FROM THE HISTORIC PRESERVATION COMMISSION IF PROJECT IS IN A LOCAL HISTORIC DISTRICT

DATE OF CERTIFICATE OF APPROPRIATENESS

SIGNATURE

DATE

RETURN

BY MAIL TO:

LYNN RAKER
URBAN DESIGN PLANNER
CITY OF SALISBURY, P.O. BOX 479
SALISBURY, NC 28145-0479

or

HAND DELIVER TO:

COMMUNITY PLANNING SERVICES, 2ND FLOOR
CITY HALL
217 S. MAIN STREET

E-MAIL: LRAKE@salisburync.gov

PHONE: 704.638.5235

FAX: 704.638.8555

